

Wisconsin Wraparound Services for Child Welfare
Report on Site Visit September 10 and 11, 2003

Background. A group of legislators, Department of Human Services central and field staff, Juvenile Court Services staff, Division of Juvenile and Criminal Justice Planning staff, a contract staff person working with the Polk County Decategorization Project, an Executive Branch private consultant, and legislative staff made a site visit trip to learn about child welfare wraparound programs operated in Milwaukee and a 14-county area north and west of Milwaukee. The programs are known as Wraparound Milwaukee and the Family Partnerships Initiative (FPI). Both programs utilize a family-centered model to address the needs of children and families, but utilize different approaches for administrative structures, payment, and accountability measures.

Overview. The wraparound programs differ from traditional government efforts to address child welfare needs in many ways:

- While the government case management role remains, private providers act as care coordinators.
- Care coordinators have small caseloads of 8-10 families.
- Concerted efforts are made to minimize paperwork for care coordinators.
- Capitated reimbursement rate structures and flexible financing are used to purchase services.
- Innovative administrative structures are used.
- Results are the focus rather than process measures.
- Family satisfaction with provider services is continually assessed.
- Families are empowered to take charge.
- Use of available community supports structures for families is emphasized.

There is great enthusiasm among the families, workers, and administrators for the wraparound philosophy.

Wraparound Philosophy. The wraparound approach seeks to keep children with their families in a safe situation by building upon strengths utilizing highly individualized services. A strong, consistent set of values permeates the program design, administrative structures, and payment methodologies. Core values include the following:

- Build on the strengths of children and their families to meet immediate and long-term needs.
- Ensure families are full partners in planning, implementing, and achieving results.
- Provide services in a culturally competent manner.
- Focus on results and **do whatever it takes** to meet the needs of families and children – **never give up** even if the behavior or needs are difficult.
- Use one care plan for all agencies serving a family so that services are delivered in a seamless fashion.
- Provide families with choices they can independently implement.

Target Populations. Both programs target the system's most difficult cases that would otherwise likely be referred for expensive institutional placements. Wraparound

Milwaukee targets Milwaukee County children and adolescents up to age 18 who have a serious emotional, behavioral, or mental health need and are identified by child welfare or juvenile justice workers as being at immediate risk of placement in an institutional setting. Of the 540 children receiving services at any one time, over half are identified as delinquent and are from low-income families. Milwaukee County has many children in out-of-home settings; approximately 6,000 children are placed in what the Iowa child welfare system would classify as family foster care.

FPI targets children ages 10-17 who reside in a program county (currently 14 counties are program counties) and are placed in an institutional setting. Recently, the program has expanded to address children who are targeted for placement. The current population receiving services at any one time is approximately 60. FPI is intended to serve approximately 5 percent of the cases in the individual counties. The typical length of participation in the program is 12 months. As with Milwaukee, program officials believe the wraparound approach has limited the use of institutional placements and shifted the emphasis of such placements to short-term therapeutic interventions.

It was noted that a significant proportion of Wisconsin children in out-of-home placements have a developmental disability. Neither program targets children with this sort of need.

Funding Involved. Wisconsin human services are delivered primarily through a county-administered system. However, due to federal court involvement, the state has the lead role in Milwaukee County. The general population in Milwaukee County is approximately 1,000,000 and the annual budget for Wraparound Milwaukee is approximately \$30 million. Wraparound Milwaukee uses county child welfare and juvenile justice funding streams, Medicaid funding, and grants and administers the program through the county's mental health services division. Approximately 80 percent of the program's children are eligible for Medicaid payment for the services received in the wraparound program and that payment is limited to \$1,557 per month per child.

Wraparound Milwaukee uses approximately one-third of the annual budget for child welfare services in that county and is able to access Medicaid funding through the county's creation of the program as a publicly operated, specialized health maintenance organization (HMO) to deal with children with serious emotional disturbances. The program began with a \$15 million federal grant. Under the arrangement made with the federal Medicaid agency, the HMO receives a capitated rate but is allowed more flexibility in how the funds are expended.

FPI uses county child welfare and juvenile justice funding. Federal Title IV-E funding is utilized but Medicaid funding is not. Both Milwaukee and FPI estimated that residential services cost approximately \$7,000 per child per month. FPI expends approximately \$3,500 per child per month, with approximately 30 percent of this amount used for care coordination and the remainder for purchase of services. A consortium of county child welfare program directors makes joint decisions and implements the program through an agreement with a lead private agency.

Administrative System. The Milwaukee County Mental Health Services Division operates Wraparound Milwaukee as a public health maintenance organization receiving a uniform case rate, contracting with lead agencies to provide care coordination services. The county is liable for deficits. Other services referred by the care coordinators are purchased from a list of approved providers using rates approved by the county. The care coordinator agencies receive a capitated amount for their work and work within a budget available to purchase the referral services. A care coordinator agency does not have direct fiscal liability for the referral services.

The FPI counties have an agreement with Lutheran Social Services (LSS) to serve as the lead agency and be paid at a capitated rate. While LSS is liable for placement costs if wraparound fails, there is an understanding that the counties involved will reassume responsibility and limit that exposure. LSS develops its own contracts with other private providers and pays those other providers using reimbursement rates within the capitated rate. Under the provider agreement, LSS is required to accept at least every third case referred for services, but actually accepts 80 percent of the referrals. While the referrals are typically made for one child, the program addresses the needs of the whole family. When services are purchased for other family members, the service costs are typically paid for on top of the capitated rate paid for the referred child. The top child welfare administrative staff from the participating counties meets monthly with LSS to address problems and concerns and as a means of achieving continuous quality improvement.

Results Approach. Both the Wraparound Milwaukee and FPI approaches focus on results and rely on the participating families for significant feedback on what is working. Both have identified overall program outcome measures for the children targeted by the programs. All persons involved with the two systems seem to be well aware of the results and outcomes expected. Aside from the families, the care coordinators bear the most significant responsibility for the achievement of successful outcomes. The service providers receiving referrals from the care coordinators do not necessarily have specific outcome responsibilities. If the family and care coordinator feedback do not cause a private provider to find a way to perform effectively, the provider just stops getting referrals. One person described this approach as using the "retail" system of ensuring that services are effective.

Judicial Involvement. Both programs reported that significant effort was needed to build confidence in the approach among judges and county attorneys. Many judges were suspicious that the approach was simply intended to save money rather than obtain better results for children and families. More than half of the children in both systems have a juvenile delinquency adjudication. Consequently, ensuring community safety is an important concern and extra efforts are needed on an ongoing basis to educate judges and county attorneys. Both programs stressed the importance of effective, honest communication with judges, particularly when mistakes are made. The FPI counties worked jointly to develop a standard form for judges to utilize in ordering the use of the FPI approach. In general, a new court order is not required when a child is moved from

a more restrictive setting to a less restrictive setting. However, a report is required to the court whenever there is a placement change.

Family Advocate. Both programs stressed the importance of having a family advocacy component. It is a paid component in which someone with cultural or community ties with the family is made part of the team that works with the family. In many cases, these workers are parents who have had a successful involvement with the system, can share that success with others, and can advocate for the family. This component is another means of ensuring that the desired results are obtained.

Key Components. The staff of the two programs identified similar key components to program success:

1. Family focus and responsibility for outcomes
2. Strong commitment to the wraparound model
3. Small caseloads for care coordinators
4. Active involvement of DHS case managers and juvenile court officers who have manageable caseloads (less than 20 in Milwaukee)
5. Reduction of paperwork for care coordinators (it was noted that the public agency staff still do significant paperwork)
6. Financial incentives in the system are implemented so that all involved act in the best interests of the child and family as opposed to only seeking to avoid cost.
7. In Milwaukee, the family crisis response team (a separate contract from the care coordinator contracts) has been crucial.
8. Shared accountability and mutual trust. Persons involved in the programs all seemed to have a stake in promoting the success of their own as well as other portions of the system. Much effort is made to focus on finding a way for a family to succeed as opposed to avoiding or shifting blame.
9. Decision makers are highly involved.
10. Savings have been reinvested – at least to the extent that even with the current fiscal climate both programs believe the effort has been effective at controlling cost increases without resorting to caseload increases.
11. The use of Medicaid funding in Milwaukee County as part of the funding mix
12. Many different efforts are made to evaluate the program components – telephone calls with parents and children get the highest response rate.

Lessons Learned.

1. Wraparound Milwaukee felt that they started too big and too fast and may have made fewer mistakes going with a more incremental approach.
2. Don't ignore the impact of the county attorney in the system.
3. More consensus with judges is needed.
4. Minorities are disproportionately represented in the child welfare system and this individual approach seems to achieve better outcomes for minorities.
5. The education system is difficult to engage – Wraparound Milwaukee has recently hired a staff person to work directly with schools.

6. Both programs seek to evaluate long-term effects. For example, Wraparound Milwaukee performs criminal record checks to determine whether or not program participants have criminal convictions in the state's system for adults.
7. The best care coordinators seem to be independent workers who were frustrated with the constraints of the regular child welfare system.
8. This approach means a system change for all components of the system – public and private.
9. Although cost control is an important consideration, the primary focus needs to be on achieving better results for children and families.

Young Adults. As part of the response to questions about the Wisconsin approach to transition planning, there was a policy discussion of the Wisconsin capacity for keeping young persons subject to court order after they reach adulthood. The legislators present want to obtain additional information about this law.

Site Visit Participants. The site visit was organized by Mary Mohrhauser, Department of Human Services. Support for legislative involvement in the site visit was provided by the National Conference of State Legislatures (NCSL). The following participated in the visit:

1. Lisa Burk, Fiscal Services, Legislative Services Agency
2. Phil Douglas, Juvenile Court Services, Fifth Judicial District, Des Moines
3. Representative Ro Foege, Mount Pleasant
4. Representative Dave Heaton, Mount Pleasant
5. Ann Johnson, Department of Human Services, Des Moines Service Area
6. Mary Mohrhauser, Children's Mental Health Specialist, Department of Human Services, Central Office
7. Jennifer Murphy, Polk County Child Welfare Funding Decategorization Project
8. John Pollak, Legal Services, Legislative Services Agency
9. Eric Sage, Planning Specialist, Division of Criminal and Juvenile Justice Planning
10. Bill Svrluga, Public Strategies Group, St. Paul, MN

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